

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/534529

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		①				
5	1					
6		1				
7		①				
8		1				
9	1					
10	1					
11		1				
12		2				
13		①				
14		①				
15		①				
16		①				
17		1				
18	1					
19		①				
20		1				
21		1				
22		1				
23		①				
24		①				
25		①				
26		1				
27	1					
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50						
TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	23	←		←		←
TOTAL CLAIMS	29					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						